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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

— — Ticiciia, III 33020-2301					01				
DUE DATES:		February 1 February 1	to Cou				-	Second Semester County Superinter State Superinter	tendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					T FOR SCH	IOOL BUS TRAN	SPORTATION:		
This clain	n is for the	period beginning			,	20 and er	nding		20
				month	day		me	onth da	ny
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Boar	d of Trustees				
County:			District	:				District Le	vel:
10 Dani	els		0194	Scobev I	K-12 Schoo	ols		High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1		210	1.80	84	12/17/04		
100	1	2		59.9	1.15	54	12/17/04		
100	1	3		128.7	0.95	48	12/17/04		
100	1	4		135.6	0.95	48	12/17/04		
100	1	5		158.6	0.95	36	12/17/04		
100	1	6		111.5	0.95	36	12/17/04		
100	1	7		124.9	0.95	42	12/17/04		
100	1	8		108	0.95	48	12/17/04		
	•	•			•	•			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Secon May 10 to Coun May 24 to State
COMPLE	ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR	SCHOOL BUS TRANSPOR
This claim	n is for the period beginning, 20	and ending

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMB	BURSEMEN	T FOR S	SCHO	OL BUS TRA	NSPORTATION:	1
This clair	n is for the	period beginning	3		,	20 aı	nd endin	ng	,	20
			1	month	day			m	onth da	ay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date	Date Signature, Chair, Board of Trustees									
County:			District:						District Le	vel:
10 Danie	10 Daniels 0196 Peerless K-12 Schools High School					chool				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1		77	0.95	47		12/27/04		
100	2	2		94	0.95	47		12/27/04		
100 2 2 71 0.55 41 12/21/04										

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PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	First Semester February 1 to County Super February 15 to State Super TE THIS CLAIM FOR STATE REI	intendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:			
This claim is for the period beginning			and ending mon		, 20 lay	
CERTIFI	CATION:					
The inform	nation on this form is complete and accurate to	o the best of my knowledge				
Date	Signature, Chair, B	oard of Trustees				

10 Daniels 0200 Flaxville K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 1 100 3 96.8 0.95 29 12/27/04 2 3 100 63.6 0.95 20 12/27/04

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